

# Dermatology Coding Alert

## Face-to-Face Time Is Cumulative, Not Continuous

### Here's a claim example that should help ease your prolonged service cases

Just because your dermatologist interacts with a patient for different periods of time throughout a day of service doesn't automatically disqualify you from charging for prolonged services.

You can still report prolonged services if the dermatologist provides prolonged service during different time segments throughout the course of a day, coding experts say.

The prolonged service codes do require "face-to-face" patient care, meaning that the dermatologist must have personally interacted with the patient/patient's parents exclusively during the prolonged service time. But that doesn't mean the time must be continuous.

**Example:** A dermatologist provides treatment to a patient with a severe skin infection. The dermatologist provides the patient with an antibiotic injection to treat the infection.

He spends 50 minutes evaluating the patient initially and providing a comprehensive history and comprehensive exam. He then has the patient stay for observation to make sure she does not have an adverse reaction to the antibiotic. He tends to other matters during this observation period.

An hour later, the dermatologist returns to the patient and spends another 40 minutes explaining the possible reactions to the antibiotics, the state of the skin infection to the patient, and discussing treatment options with the parents. The claim for this example should read:

1. 99215 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history, a comprehensive examination, medical decision-making of high complexity
2. +99354 - Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (e.g., prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (list separately in addition to code for office or other outpatient evaluation and management service).

**Explanation:** The dermatologist spent a total of 90 minutes on the E/M service, far beyond the 40 required to report 99215.

### Percent of Service Determines Code for Time

Appending 99354 helps your office recoup money for the extra time the dermatologist had to dedicate to performing the service. As long as you have the proper documentation of the time the dermatologist spent with the patient, the prolonged service code is admissible.

If the dermatologist does not spend more than 50 percent of the base E/M time counseling and/or coordinating care, you should not select the base E/M level based on time.

**Remember:** When reporting prolonged service codes and procedure codes on the same claim, make sure you are coding the total E/M time, not the total time of the visit. Deduct the time spent on the procedure from the prolonged service time, or your office could be in trouble for double-billing.

Also, do not add in the time that the dermatologist did not personally spend, face-to-face, with the patient.